

Name in Full

Certificate of Death

(not named)

Babe Brittingham

Town

County

Died at

Cassbury

Somerset

MARYLAND

Date 19

02

Month

Day

2

14

Age

Y.

M.

D.

1

Native of

Maryland

Occupation

Babe

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Gory Brittingham

Mother's

Maiden Name

Mrsula Burk

Cause of

Primary

Don't Know

How long sick

5 days

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Uncle George Brittingham

Address

Pownoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72892

No Fr in attendance

Name In Full

Certificate of Death

Leon Otto Brown

Town

County

Died at

Beale Island

Somerset

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 9

Age

- 14 -

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm O. Brown

Mother's

Name

Annie H. Brown

Cause of

Primary

Acute Cerebral Meningitis

How long sick

16 days

Death

Immediate

Anthrax

~~Accident, Suicide, Homicide~~

Reported by

T. F. Alexander, M.D.

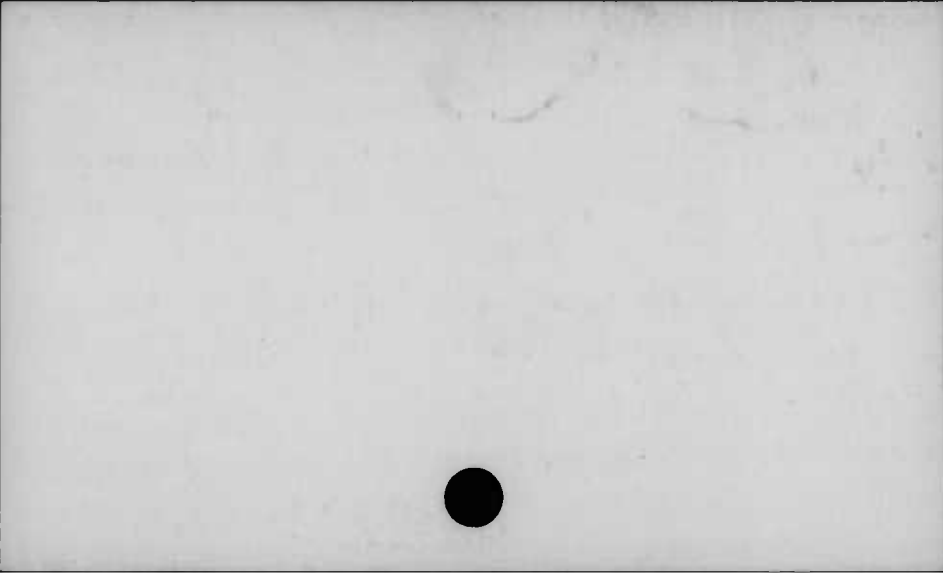
Address

Beale Island

Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808



Name in Full

Certificate of Death

Margaret Carter

Died at ^{Town} Near Pocomoke City ^{County} Somerset 60 MARYLAND

Date 1902 ^{Month} Feb. ^{Day} 12 ^{Y.} ^{M.} ^{D.} ^{Native of} America ^{Occupation} Housewife

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Single~~ ^{Widower} Number of children living 4

~~Wife~~ of George Carter

Father's Name James Brittingham Mother's Name Miss Long

Cause of ^{Primary} Tuberculosis ² How long sick Ten years

Death ^{Immediate} Lapse of vital force ^{Accident, Suicide, Homicide}

Reported by Isaac S. Covert

Address Pocomoke Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name in Full

Certificate of Death

Relia Francis Collins

Town

County

Somerset

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

2 26

Age

25

11

Hm. Hm.

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living 2

~~Husband~~ of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Episcopal

Name in Full

Certificate of Death

Lucretia Curtis

Town

County

Died at

New Pines City

Sourmont

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 24

Age

90

New Pines City

~~M.~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

old age

154

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. J. Dryden for H. Foster

Address

Pines City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

02

Month

Day

Feb 10

Age

Y.

M.

D.

71-11-26

Native of

Md

Occupation

Mach Driver

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

14

Husband

of

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.

MARYLAND

James. L. Daniel

Town

County

Deal Island.

Md

Date 19 02 Feb 10

Age 71-11-26

Native of Md

Occupation Mach Driver

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

14

Husband

of

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.

Lizzie Daniel

James Daniel

Mother's Molly Wallace

Cause of Primary Cardiac failure

Death Immediate old age. Bronchitis

How long sick

28 Nov 1901

Accident, Suicide, Homicide

Reported by James Cooper

154

Address Deal Island



Kenneth Michael Dae

Died at *Adams* Town *Somerset* County *MARYLAND*

Date 19*02* Month *2* Day *13* Age *47-5-* Y. M. D. Native of *Holland* Occupation *Housewife*
~~Male~~ White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living *5*

Husband of *Abram Dae* *120*
 Wife

Father's Name *John William Van Allen* Mother's Maiden Name *Carroll Miller*

Cause of { Primary *Bright Disease* How long sick *3 or 4 months*

Death { Immediate *Urinary Coma* Accident, Suicide, Homicide

Reported by *M. W. Goldsmith*

Address *Prussia* *Adams, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George, Henry Dorsey, Colored.

Town

County

Died at

Westover Somerset

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 13

Age

75. 5. 14

Maryland

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Asthma.

How long sick

Death

Immediate

Sudden

Accident, Suicide, Homicide

Reported by

George H. Hall Undertaker,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Perrytown Town Lancaster County MARYLAND
Date 1902 Feb. 12 Month Day Y. M. D. ind. Native of Occupation
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Char H. Gibson

Town

County

Died at

MARYLAND

Deals Island Somerset

Date 1902 Feb. 26 Y. M. D. 10

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Char. H. Gibson

Annie E. Jones

Cause of

Primary

Insultion

How long sick

10

Death

Immediate

Arteries

Accident, Suicide, Homicide

Reported by

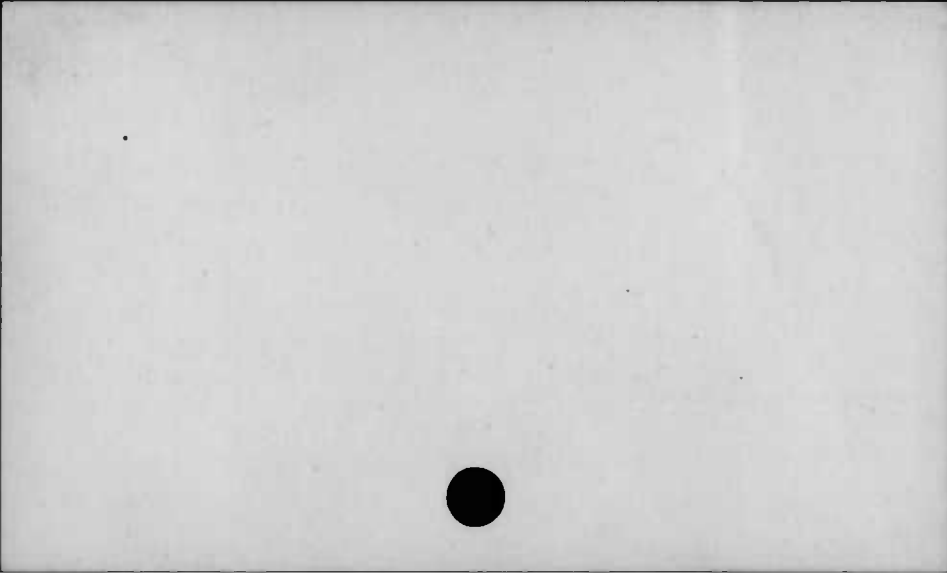
W. J. Alexander

Address

Deals Island

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Deer Island* Town *Dorchester* County *MARYLAND*

Date *1902 Feb 27* Month *Feb* Day *27* Y. *1902* M. *Feb* D. *27* Native of *Mid* Occupation *Housewife*
 Male *Male* White *White* Married *Married* Widower *Widow* Divorced *Divorced*
 Female *Female* *Single* *Single* *Widower* Number of children living *4*

Husband of *Charles Gibson*
 Wife of *Charles Gibson*
 Father's Name *George Jones* Mother's Name *George Jones*

Cause of Death Primary *Pneumonia* How long sick *7 days*
 Immediate *Arthritis* Accident, Suicide, Homicide

Reported by *W. G. Alexander*
 Address *Deer Island Dorchester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Albert Howeth

Died at *Risfield* Town *Somerset* County *MARYLAND*

Date *1902* *Feb.* *17* Month Day Y. M. D. Age *28* Native of *Md.* Occupation

Male *White* ~~Married~~ *Widow* ~~Divorced~~

~~Female~~ ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband of
Wife

Father's Name *Elias Howeth* Mother's Name *Harriet Howeth*

Cause of Death { Primary *Calculus of Stomach* Immediate

How long sick *3 Years.*

Accident, Suicide, Homicide

Reported by *A. D. Dawson*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Leolan Jones

Town

County

Died at

Date

1902

1902

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mt Vernon

County

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 18

Age

Married

Widow

Md.

Systeman

~~Female~~

White

~~Colored~~

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sallie DASHULL

Joseph Jones

Mother's

Name

Jane Jones

Primary

Immediate

Pneumonia - Florida

Emaciation & Exhaustion

How long sick

6 months

~~Accident~~, ~~Suicide~~, ~~Homicide~~

J. M. Wilson M. D.

Mt Vernon Somerset Md



Name in Full

Certificate of Death

Matthe Elizabeth Landford

Town

County

MARYLAND

Died at

Crisfield Somerset

Date *1902 Feb 26* Age *539* Native of *md* Occupation *none*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Died at *Infant* Town *Cornfield* County *Sonawasee* MARYLAND

Date *1902* Month *Feb.* Day *1* Age *1* Y. M. D. Native of *Ind* Occupation *—*

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living *—*

Husband of
 Wife

Father's Name *A. J. Lawson* Mother's Name *Emily M. Lawson*

Cause of Death { Primary *Premature birth* How long sick *—*
 Immediate *convulsions* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emily M. Lawson

Died at ^{Town} *Orifield* ^{County} *Somerset* MARYLAND

Date 1902 ^{Month} *Feb* ^{Day} *9* ^{Y.} *39* ^{M.} *7th* ^{D.} *Housewife*

^{Male} *White* ^{Married} *Widow* ^{Divorced} *Housewife*

^{Female} *Colored* ^{Single} *Widower* ^{Number of children living} *4*

~~Husband~~ of *A James Lawson*

Wife *A James Lawson*

Father's Name *Richard Bruir* Mother's Maiden Name *Emily*

Cause of Death { Primary *Chronic Bright's disease.* How long sick *One week*

Death { Immediate *Abortion & Sept Jaundice* Accident, ~~Suicide~~, ~~Homicide~~

Reported by *H. F. Stael.*Address *Orifield Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July

12

Age

1

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Samuel Maddy

Mother's

Maiden Name

Kate Ward

Cause of

~~Primary~~

How long sick

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Geo H. Hall

Address

Manor P.O.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

not named, (Infant.)

Died at ^{Town} Fairmount ^{County} Somerset MARYLAND

Date 1912 Feb 26th | Age 2 1/5 | Native of Somerset | Occupation none
 Sex ~~Male~~ Female | Color ~~White~~ Colored | Marital ~~Married~~ Single | Widowed | Number of children living

Husband of _____
 Wife _____

Father's Name Harry Muir

Mother's Name Lucy Muir

Cause of Death { Primary _____ Immediate Enteritis }
 How long sick Since Birth
 104
 Accident, Suicide, Homicide

Reported by C. B. Dickinson

Address Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Herbert Price

Town

County

Died at

MARYLAND

Date 1902 Feb 16 Age 8 2 Md
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Child of John P. Amelia Price
 Wife John Price Mother's Name Amelia Roberts
 Father's Name John Price Maiden Name

Cause of Death Primary Pneumonia 93 How long sick 1 Day
 Immediate Death Immediate Accident, Suicide, Homicide

Reported by Geo H. Hall, Undertaker
 Address Manakin Postoffice Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie M Riggins

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date	1902	Month	Feb	Day	23	Age	28	Y.	M.	D.	Native of	md	Occupation	Housewife
	Male		White		Married		Widow		Divorced					
	Female		Colored		Single		Widower				Number of children living	1		

Husband of Edward M. Shockley

Wife

Father's Name George Riggins

Mother's Name Sarah Stevenson

Cause of Death { Primary Tuberculosis

How long sick One week

Death { Immediate Dr. shown 2

Accident, Suicide, Homicide

Reported by H. F. Stall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town Deeds Island County Somerset MARYLAND
 Date 1902 Feb 24 ^{5th} Y. 33 M. — D. — Native of — Occupation Farmer
 Male — White — Married — Widow — Divorced —
~~Female~~ ~~Colored~~ Single — Widower — Number of children living —

 Husband
 of

 Wife
 Father's
 Name

Cause of

Primary

Death

Immediate

Reported by

Address

 Mother's
 Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Nancy Smith*
 Died at *Crisle* Town *Somerset* County *MARYLAND*

Date 189 *02* *Feb* 2 Month *Feb* Day *2* Age *75* Y. *—* M. *—* D. *—* Native of *md* Occupation *Housewife*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* ~~Widower~~ Number of children living *8*

Husband of *John William Smith*
 Wife
 Father's Name
 Mother's Name

Cause of Death { Primary *Senile Decay* Immediate *Asthma* 154 How long sick *8 mos*
 Accident, Suicide, Homicide

Reported by *Re L. Hoff M.D.*
 Address *Crisle P.O. Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Chance* Town *Somerset* County *MARYLAND*

Date *1902* *Feb. 23rd* Month *Feb.* Day *23rd* Y. *primatone* M. *with* D. *with* Age *with* Native of *—* Occupation *—*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *—*

Husband
of

Wife
Father's
Name

Edwin Tyler

Mother's
Name

Mary V. Jones

Cause of

Primary

D.

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

P. J. Windsor M.D.
Damea Carter St. Somerset Ex.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Ward

Town

County

MARYLAND

Died at

Crisfield

Somerset

Date 1890

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 20

Age

64, 2, 16

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Name

106

Cause of

Primary

Chronic diarrhoea

How long sick

one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. F. Hall

Address

Crisfield

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at Ross Natino Town Brownsville County Sumner MARYLAND
 Date 1907 Feb. 20 Month Feb. Day 20 Y. 36 M. 36 D. 36
 Native of Ind Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored ~~Single~~ Widower Number of children living 5

Husband of Alfred Natino
 Wife Alfred Natino
 Father's Name Alderson Bonds Mother's Maiden Name Felicis Bonds
 Cause of Death { Primary Consumption Immediate Asthma }
 How long sick 4 months
Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

